PTO/SB/17 (10-08)
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Under the Paperwork Reductio	respond to a collection of information unless it displays a valid OMB control number Complete if Known Application Number 10/722,000-Conf. #6530								
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009									
						····	November 25, 2003		
						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Brian R. MURPHY		
						Z. Lucas			
Applicant also were lightly states. One 07 OFD 4.07				40.40					
Applicant claims small entity status. See 37 CFR 1.27				Art Unit	1648 1173-1049PUS				
TOTAL AMOUNT OF PAYMENT (\$) 270.00				Attorney Docket No. 1173-1049			,5		
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION					AND CONTRACTOR OF THE PARTY OF	(extinuous and a second a second and a second a second and a second a second and a second and a second and a		ROQUELLE AND	
1. BASIC FILING, SEARCH, A	ND EXAM	INATION FEE	S	PORTO-SAPO-CONTO-SACRO-CONTO-CONTO-SACRO-CONTO-CONTO-CONTO-SACRO-C	adhida a a a a a a a a a a a a a a a a a a 				
		G FEES	SE/	ARCH FEES	EXAMII	NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110		in the second second	
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLAIM FEES			-	-	-	-		Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)						220	110		
Multiple dependent claims							390	195	
	Claims	Fee (\$)	F	ee Paid (\$)	<u>N</u>	Multiple Dependent Claims			
		52.00 =		0.00	<u>F</u> e	ee (\$) <u>F</u>	ee Paid (\$	<u>5)</u>	
HP = highest number of total claims	-	eater than 20.							
	Claims	Fee (\$)	Fe	Fee Paid (\$)					
		220.00 =		0.00					
HP = highest number of independent	claims paid	for, if greater than	3.						
3. APPLICATION SIZE FEE		1 100 1		< 1 2 1 4 1 4	. 11 6:				
If the specification and drawing listings under 37 CFR 1.52	ngs exceed	d 100 sheets of	paper (excluding electro	mically ii	led sequence or c	computer	^	
sheets or fraction thereof.					A Silian e	iiiity j ioi cacii au	unionai 5	^U	
	Sheets	. , . , .		dditional 50 or fract	tion therec	of Fee (\$)	Fee	Paid (\$)	
- 100 =				(round up to a whole			:		
4. OTHER FEE(S)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1251 Extension for response within first month 1814 Statutory Disclaimer								130.00	
	_18	14 Statutory	Disciair	ner			14	10.00	
SUBMITTED BY				THE CONTROL OF THE PARTY OF THE	Annium municipa co				
Signature hand	Jue	20_		Registration No. (Attorney/Agent)	36,623	Telephone	(858) 356-5959		
Name (Print/Type) Mark J Nuel					Turning Turning	Date May 29, 2009			